

**MISSISSIPPI**  
**STATE DEPARTMENT OF EDUCATION**  
**KINDERGARTEN REGISTRATION FORM**  
**2025-2026**

\_\_\_\_\_  
Date Social Security (Optional) Birth Certificate Number

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Place of Birth \_\_\_\_\_  
City County State

Physical Address of Student \_\_\_\_\_

Does student live parent, Mother, Father, or other? \_\_\_\_\_

Name of Parent(s) and/or Guardian \_\_\_\_\_

Address \_\_\_\_\_

PO Box and Physical City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

In Case of emergency contact (other than parent), Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Known food or drug allergies \_\_\_\_\_

Medical problems of which teacher should be informed \_\_\_\_\_

Currently taking medication. If yes, please list and reason \_\_\_\_\_

Name, age, grade of brother and sisters:

\_\_\_\_\_  
\_\_\_\_\_

Has child attended a preschool program? If yes, give name and location to one of the following options:

1. Licensed childcare center \_\_\_\_\_
2. Family/friend care \_\_\_\_\_
3. Head Start \_\_\_\_\_
4. Home \_\_\_\_\_
5. Pre-K Public \_\_\_\_\_
6. Pre K private \_\_\_\_\_

- \_\_\_\_\_ Birth Certificate Presented \* \_\_\_\_\_ Immunization record presented and Immunization current immunization record may be obtained from the County Health Department.

A birth certificate may be obtained from the State of Health in the capital of the state where the child was born. An immunization record may be obtained from the County Health Department.

**This program is state supported and all children who are five (5) years of age or before September 1, may register.**

The following information would be helpful to the program evaluation conducted by the State Department of Education. Your response is optional.

Sex of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Does your child have any handicapping conditions: \_\_\_\_\_ if yes, please state condition \_\_\_\_\_

How often do you read to your child? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

### Amite County School District-Student Registration

Date \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Bus# \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Birth Certificate# \_\_\_\_\_ Immunization Complete? \_\_\_\_\_ Yes \_\_\_\_\_ No

Birth Place: \_\_\_\_\_  
City County State Zip code

Does your child speak any other language? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) email address: \_\_\_\_\_

Previous School/Pre-School Attended: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_ Last date of school: \_\_\_\_\_

Previously attended Amite County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when? \_\_\_\_\_

Did student receive special services? **Circle the one that applies:** SPEECH SPED GIFTED

Was student ever expelled from a school he/she attended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Does student have siblings at Amite County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes), please name \_\_\_\_\_

Student currently lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian **(copy of legal papers required)**

Father/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact

Name Address Phone # Relationship to Student

Emergency Contact

Name Address Phone # Relationship to Student

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Immunization Form \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Residency \_\_\_\_\_

Student is complete for enrollment: \_\_\_\_\_ YES \_\_\_\_\_ NO

# AMITE COUNTY ELEMENTARY

3457 Greensburg Road ■ Liberty, Mississippi 39645

Phone: 601.657.8311 ■ Fax: 601.657.4365



## AMITE COUNTY SCHOOLS' HOME LANGUAGE SURVEY 2025 – 2026

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Grade \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States? ☐ Yes ☐ No  
If yes, in which state? \_\_\_\_\_  
If no, in what other county? \_\_\_\_\_
2. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
3. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_  
Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

**If you responded "Yes" to question number 3, please answer the following questions:**

4. What language did your child learn when he/she first began to talk? \_\_\_\_\_
5. What language does your child most frequently speak at home? \_\_\_\_\_
6. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_
7. Please describe the language understood by your child. (Check only one)
  - A. ☐ Understands only the home language and no English.
  - B. ☐ Understands mostly the home language and some English.
  - C. ☐ Understands the home language and English equally.
  - D. ☐ Understands mostly English and some of the home language.
  - E. ☐ Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY			
Student ID#	Date Distributed	Date Received	

# AMITE COUNTY ELEMENTARY SCHOOL

## Check Out Form

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Parent(s) please write besides you any adult who has permission to check out your child  
**(Another student cannot be listed as a checkout person)**

Name of Contact	Relationship to Student	Phone Number	Address

Under **NO** circumstances, not even an emergency, can my child be checked out by:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Bus Number: \_\_\_\_\_

## EMERGENCY & ILLNESS INFORMATION

**IMPORTANT: RETURN FIRST WEEK OF SCHOOL**

### PERSONAL DATA

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

Father \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

**NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE. (THIS MUST BE COMPLETED.)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? YES, NO IF YES, PLEASE  
INDICATE:

Asthma Bee Sting Allergy Internal Irregularities Deafness Physical Handicap (Describe)

Kidney/Bladder Other Allergy (List): Convulsive Seizures Surgical \_\_\_\_\_  
Arthritis \_\_\_\_\_ Sight Impairment Fractures Other Diabetes Mild Severe Wears  
Glasses Heart \_\_\_\_\_

Does your child take medication daily? \_\_\_\_\_ YES, \_\_\_\_\_ NO

If yes, list medication: \_\_\_\_\_

### RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment by calling 911, if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature/	Date/
Parent Signature/	Date/

SPECIAL NOTE: Please notify school officials immediately as to changes or modifications to any/all information stated.

Amite County Elementary School  
**Student Health Record For School Nurse**  
 School Year 2025-2026  
 Grade \_\_\_\_\_

(Please complete: Information to be shared with teaching staff as needed.)

Male ☐ Female ☐

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Father/Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Medical History**

Problem	No	Yes	If yes, list allergies and describe reaction.
Allergies to food			
... to medication			
... insect bites or stings			
... other (including seasonal)			
Does student have an Epipen?			
Asthma			
Does student use an inhaler?			Name of inhaler? _____ How often? _____
Does student use a nebulizer?			Name of medication for nebulizer? _____ How often? _____
Attention deficit (ADD, ADHD)			Please list meds taking for ADD or ADHD Name of Medication: _____
Birth defect/physical handicap			
Bladder problems			
Bone or joint problems			
Convulsions (seizure/epilepsy)			
Diabetes (high blood sugar)			
Earaches (frequent? tubes?)			
Emotional/Psychological disorder			
Headaches			
Heart problem			
Hypertension (high blood pressure)			
Nose bleeds			
Sinus problems			
Speech and/or Hearing problems			
Stomach or digestive problems			
Surgeries			List: _____
Vision (seeing) problems			Glasses? ___yes, ___ no    Contacts? ___yes, ___no

Describe any handicaps or special needs of student: \_\_\_\_\_

Is the student taking daily medication? No ☐ Yes ☐ If yes, please list: \_\_\_\_\_

Please list any other concerns you feel I should know about your child. \_\_\_\_\_

**USE OF YOUR CHILD'S NAME AND IMAGE ON THE ACSD'S WEB SITES AND IN THE  
NEWSPAPER & ACSD'S COMPUTER USE POLICY**

STUDENT'S FULL NAME (Please Print) \_\_\_\_\_

From time to time, the Amite Co. School District publishes pictures of its students showing them in activities to publicize events and activities taking place in the district. The primary publication media are newspapers and the district's World Wide Web server.

For the World Wide Web on the Internet, if the child's picture is used the district will not use the child's name in such a way that the name can be associated with a particular person in the picture. Further, for students eight grade and below, only the student's first name will be used. No name will be used without the parent's permission. Please check and initial one of the statements below then sign and date the statement at the end of the document.

**CHOOSE ONLY ONE**

Check ( ) Initials \_\_\_\_\_ **I agree to allow the Amite Co. School District to use my child's picture and name within the guidelines stated above for both newspaper articles and on the Internet.**

**OR**

Check ( ) Initials \_\_\_\_\_ **The Amite Co. School District has my permission to use my child's picture and name for newspapers, magazines, television and radio communications as described above but MAY NOT use my child's picture or name on the Internet.** (Initialing this will prevent the district from listing your child's name in sports rosters, cheerleading squad rosters, honor roll lists or any similar type of lists on the Internet and will mean they will not be in group pictures of sports teams that are routinely posted on the district Web sites or class pictures.)

**OR**

Check ( ) Initials \_\_\_\_\_ **The Amite Co. School District may not use my child's picture or name for either the newspaper or the Internet** (Initialing this will prevent the district from listing your child in honor roll lists in the newspaper. It will prevent the district from using your child's picture for any reason in the newspaper such as classroom pictures, senior class pictures, awards photos, etc.)

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**Parent or Guardian of MINOR Users:**

**(ANY USER UNDER AGE 18 MUST HAVE A PARENT OR GUARDIAN SIGN BELOW.)**

I, the parent or guardian of the above-signed minor, have read the Computer Use Policy. I understand that the **AMITE COUNTY SCHOOL DISTRICT and the MISSISSIPPI DEPARTMENT OF EDUCATION** will make a good-faith effort to restrict access to any inappropriate material. I understand that no effort will prevent such access with 100% efficiency and I agree not to hold them responsible for any inappropriate material acquired. Further, I accept full responsibility for my child's use of Amite County School District property and resources. I hereby give permission to provide computer network and Internet Access to my child, consent to the monitoring of their activities and certify that the information contained on this form is correct.

**Do you give the Amite County School District permission to use your child's name and/or likeness for promotional use on the School District website?** \_\_\_\_ YES \_\_\_\_ NO

**Do you give permission for your child to participate in Student Web Page publishing?** \_\_\_\_ YES \_\_\_\_ NO

# AMITE COUNTY ELEMENTARY SCHOOL

## STUDENT DISCIPLINARY ACTION FORM

Please read and review the student handbook policies and procedures with your child(ren). Upon reading the policies, you will need to check the appropriate box below; date and sign this page and return it along with the other registration documentation.

\_\_\_\_\_ I have read and understand the Discipline Policy and **GIVE** my permission for school administrators to administer corporal punishment if needed.

\_\_\_\_\_ I have read and understand the Discipline Policy and **DO NOT** give my permission for school administrators to administer corporal punishment. I also understand that, as a parent/guardian, I must assume **TOTAL RESPONSIBILITY** in seeing that my child's behavior is acceptable while in school, on the bus, and at any school function or activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade



# •AMITE COUNTY• School District



## AMITE COUNTY ELEMENTARY SCHOOL

### Title 1 Parent-School Compact

Revised 2025 – 2026

The compact has been jointly developed and agreed upon by Amite County Elementary School, parents, students, and school staff.

### SCHOOL'S RESPONSIBILITY

I, the undersigned partner in education of children at Amite County Elementary School, commit to the following:

1. Provide a safe environment that encourages positive communication between the teacher, parent, and student.
2. Stress to teachers the importance of providing regular homework assignments to reinforce classroom instructions.
3. Attendance of students and teachers will be monitored and applauded in various ways.
4. Ensure implementation of a strong academic program based on Balanced Literacy Components.
5. Provide parental activities to support our instructional program and enhance student academic achievement.
6. Provide high-quality curriculum and instruction to all students
7. Parents will be given reasonable access to staff, to volunteer, participate and observe the child's class.
8. Hold annual parent/teacher conferences to discuss compact as it related to their child's achievement.

Principals Signature: \_\_\_\_\_

**PLEASE TURN THIS PAGE OVER TO COMPLETE COMPACT AGREEMENT  
OR COMPLETE PAGE 2.**

**STUDENT'S AGREEMENT**

I, shall strive to do the following to the best of my ability:

1. Wear uniforms every day.
2. Follow the Students Rules of Conduct.
3. Complete and return homework assignments.
4. Come to school every day with supplies needed for classroom work.
5. Attend school daily and complete classroom assignments.

Student's Signature: \_\_\_\_\_

**TEACHER'S AGREEMENT**

I, the undersigned partner in education of children at Amite County Elementary School commit to the following:

1. Provide weekly progress reports and communications regarding student progress.
2. Provide homework that reinforces skills taught in the classroom.
3. Provide a welcoming, developmentally appropriate atmosphere that is conducive to learning.
4. Provide ongoing communication with parents.
5. Continue to strive to meet and accommodate the needs of each student.
6. Focus on enriched skills to promote academic growth.
7. Dedicate time to receiving professional development to gain knowledge which will ensure student achievement.

Teacher's Signature: \_\_\_\_\_

**PARENT'S AGREEMENT**

I, undersigned, partner in the education of my child, commit the following:

1. Getting my child/children to school on time.
2. Providing a study place, reviewing my child's homework and other papers on regular basis.
3. Working cooperatively with the school to maintain paper discipline.
4. Encouraging my child's efforts and being available for questions and support.
5. Dressing my child in a uniform each day.
6. Providing a safe and loving environment an being a positive role model.
7. Providing supplies and necessary materials for school.
8. Returning report cards/attending parent teacher conferences.

Parent's Signature: \_\_\_\_\_



Kindergarten	1 Regular-size clear backpack (No Wheels)	1 (1.5 inch) binder with pocket
	2 Clear cover 1" binders	1 pack of 25 sheets Heavy Duty Sheet Protectors
	1 Plastic pencil box (standard size)	2 packs 5-tab 2-pocket dividers
	2 Boxes of crayons (24 count)	1 pack of 5 BLACK DRY ERASE markers (for their use)
	1 Pair of child-sized safety scissors (blunt tip)	2 boxes (12 count) yellow #2 pencils (NOT DIXON)
	2 Large pink erasers	2 packs wide rule loose leaf paper
	4 Large glue sticks (Elmer's preferred)	2 packs (3 count) large erasers (NO pencil top)
	2 Wide-ruled composition notebooks	2 handwriting tablets (primary lined)
	2 Packs of pencils	1 pack of Card Stock Paper
	2 Pair of headphones (no earbuds, for computer use)	2 boxes of crayons (16 count)
2 <sup>nd</sup> Grade	2 Boxes of facial tissues	3 large glue stick (NO liquid glue)
	2 Containers of disinfectant wipes	1 pair blunt (round) tip scissors
	2 Rolls of paper towels	3 packs of paper towels
	1 Box of Gallon Size Ziploc Bags	3 boxes of Kleenex
	1 Box of Quart size Ziploc bags	2 pack of Lysol Wipes
	1 extra set of changing clothes (in case of an accident)	20 count Gallon Ziploc bags (GIRLS)
		50 count Quart Ziploc bags (BOYS)
	Optional Donations (greatly appreciated)	
	Dry erase markers (black, low odor)/ extra glue sticks or crayons	
	Stickers of small trinkets for the treasure box	
3 <sup>rd</sup> Grade	2 plastic folders with prongs/pockets	1 - 3 subject spiral notebook
	3 packs 24ct. #2 pencils (NO MECHANICAL PENCILS)	4 folders with prongs and pockets
	2 packs of wide ruled loose leaf paper	2 packs of crayons
	3 boxes of Kleenex	4 packs of 24 count pencils (NO MECHANICAL PENCILS)
	2 packs 26 ct. Crayola Crayons	2 packs of cap erasers
	2 bottles of Germ-X	2 bottles of hand sanitizer
	2 packs of paper towels	4 boxes of Kleenex
	1 pack of 6 ct. glue sticks	1 box of gallon size Ziploc Bags
	1 pencil pouch with zipper	1 box of quart size Ziploc Bags
	1 pack of pink erasers (no pencil top)	1 pack of highlighters (pink, yellow, green, and blue)
4 <sup>th</sup> Grade	1 set of earbuds or headphones	3 sets of earbuds or headphones (NO WIRELESS)
	Girls: 2 packs of Clorox wipes	3 packs of disinfectant wipes
	1 box of quart size Ziploc bags	2 - 1 inch Binders
	Boys: 2 bottles of Lysol spray	2 glue sticks
	1 box of gallon size Ziploc bags	1 pk. Sheet protectors (10 per pack)
		PLEASE WRITE STUDENT'S NAMES ON ALL SUPPLIES. THANK YOU!
		5 <sup>th</sup> Grade
	3 plastic folders with prongs	1 - 2 inch ring binders

2 pair earbuds/headphones MANDATORY	4 plastic folders with prongs	1 pair of earbuds VERY IMPORTANT!!!	5 boxes of sheet protectors	4 packs of loose leaf paper	3 packs of sheet protectors	5 boxes of pencils (12 count or more)	4 packs of loose leaf paper	3 packs of sheet protectors	4 composition notebooks	4 packs of loose leaf paper	1 pair of scissors	1 pair of scissors	4 glue sticks	2 boxes of crayons	1 box of markers	1 packs of dry erase markers MANDATORY	3 boxes of crayons/colored pencils	1 box of washable markers	2 packs of dry erase markers	Erasers	4 boxes of Kleenex	3 tubs of disinfectant wipes PER semester	4 boxes of Kleenex	2 tubs of disinfectant wipes	1 bottle of hand sanitizer	2 boxes quart size Ziploc Bags	1 pack index cards	6 <sup>th</sup> Grade	3 packs of wooden #2 pencils	1 hard-shell pencil holder	4 composition notebooks	3 pack of wet wipes	6 packs of Loose Leaf Paper/College Ruled	6 pocket folders with prongs	1 pack of construction paper	1 pack of crayons/colored pencils (12 Count)	2 glue sticks	3 highlighters	2 rolls of paper towels	2 boxes of Kleenex tissues	1 box of gallon Freezer Bags (BOYS)	1 box of quart Freezer Bags (GIRLS)	1 hand sanitizer 8 oz.	1 Clorox wipes	1 ink pen blue/black	1 elementary dictionary	1 dry erase marker	2 sets of earphones (No Wireless Or Gaming Headphones)	1 basic 4 calculator w/percent sign
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